

Application Data Sheet

Application Information

Application Type::	Provisional
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	A DEFIBRILLATOR DEVICE
Attorney Docket Number::	3003-1130
Request for Early	No
Publication?::	
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: KEVIN  
Middle Name:: J  
Family Name:: HERBERT  
City of Residence:: GLOUCESTERSHIRE  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing 34 SPRINGBANK GROVE  
Address:: CHELTENHAM  
City of Mailing Address:: GLOUCESTERSHIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: GL51 OPQ

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM  
Status:: Full Capacity  
Given Name:: DESMOND  
Middle Name:: B  
Family Name:: MILLS  
City of Residence:: GLOUCESTERSHIRE  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing 93 PITTVILLE LAWN  
Address:: CHELTENHAM  
City of Mailing Address:: GLOUCESTERSHIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM

Postal or Zip Code of Mailing Address:: GL52 2BP

**Correspondence Information**

Correspondence Customer 000466

Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::